



Applicant Services Center:
700 Fifth Avenue, Suite 2000
P. O. Box 34019
Seattle, WA 98124-4019
Phone: (206) 684-8850

TO BE COMPLETED BY THE APPLICANT (Please Print)

Project Number: _____ Date: _____

Project/Site Address: _____

Applicant Name: _____ Phone No.: _____

Contact Name: _____ Phone No.: _____

e-mail Address: _____

☐ **SMC 23.41** Design Review ☐ **CAM 238** Application Requirements for
Attachment A Early Design Guidance

THIS CHECKLIST HAS BEEN PROVIDED TO ASSIST THE APPLICANT IN PREPARING A COMPLETE APPLICATION. COMPLETE APPLICATIONS CAN BE PROCESSED AND REVIEWED MORE EFFICIENTLY. PLEASE READ AND SIGN THE STATEMENT BELOW.

I verify that I am submitting all of the required submittal materials and I acknowledge that failure to submit or meet all of these requirements will jeopardize my ability to use the "Drop Off Submittal Process". I also acknowledge that failure to meet these requirements will result in an "Unprepared" rating against by CPA rating. Finally, I understand that a submittal not in compliance with the above will result in the project being returned to the undersigned applicant as "APPLICATION NOT COMPLETE". Fees paid with this "Drop Off" do not ensure an application but will be applied toward the "complete application" for this project when it is accepted as either a drop off or latter as part of an appointment.

Applicant Signature (Required): _____ Date: _____

SUBMITTAL REQUIREMENTS:

Yes	No		Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Addressing Records Worksheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copy of Pre-submittal Conference notes;
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copy of Pre-Application Site Visit Report			or copy of signed Pre-Submittal Conf. Waiver form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Completed Drop Off Submittal Fee Worksheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Completed Application – Attachment "A" in CAM 238
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signed Financial Responsibility Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3 copies of 11" x 17" EDG packet as detailed in Part III of CAM 238
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Signed Agent's Letter of Authorization from owner unless owner is applicant			